

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
COMMISSION DIRECTIVE**

ADMINISTRATIVE MATTER

☐

DATE

June 12, 2019

MOTOR CARRIER MATTER

☐

DOCKET NO.

2016-354-E/2018-262-E

UTILITIES MATTER

☒

ORDER NO.

2019-429

THIS DIRECTIVE SHALL SERVE AS THE COMMISSION'S ORDER ON THIS ISSUE.

SUBJECT:

DOCKET NO. 2016-354-E - Duke Energy Carolinas, LLC's Request for Approval of AMI Opt-Out Rider;
-and-

DOCKET NO. 2018-262-E - Duke Energy Progress, LLC's Request for Approval of Revised Meter Related
Optional Programs Rider MROP - Staff Presents for Commission Consideration Duke Energy Carolinas,
LLC and Duke Energy Progress, LLC's Request for Approval of Revised Manually Read Meter Rider (MRM)
and Revised Meter Related Option Programs Rider (MROP).

COMMISSION ACTION:

The Commission approved AMI ("Advanced Metering Infrastructure") meter opt-out riders for DEC in 2016 and DEP in 2018. The Companies are now suggesting revisions to the riders. The proposed revisions are based on Commissioner questions in recent rate case proceedings regarding the availability of a medical opt-out provision for South Carolina customers commensurate with that ordered by the North Carolina Utilities Commission.

The Companies propose to provide that option to eligible South Carolina customers, and to allow for payment options for the set-up fee for those who desire such option. I move that we grant the requests. The revised riders incorporate the following changes:

1. Upon request, the one-time Initial Set-up Fee may be paid in six equal installments included as a part of the Customer's first six monthly electric service bills following installation of the manually read meter.
2. The Initial Set-up Fee and Monthly Rate shall be waived and not apply for customers providing a notarized statement from a medical physician fully licensed by the South Carolina Board of Medical Examiners stating that the customer must avoid exposure to radio frequency emissions, to the extent possible, to protect their health. All such statements shall be retained in the Companies records on a secure and confidential basis. The Companies will provide the customer with a required medical release form, to identify general enrollment information, and a physician verification statement. At the physician's option, a comparable physician verification statement may be submitted. I also move that the Companies provide us with communication plans for making this change known to interested customers.

PRESIDING: RandallSESSION: Regular

TIME: 12:30 p.m.

	MOTION	YES	NO	OTHER
BELSER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ERVIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HAMILTON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
HOWARD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
RANDALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

WHITFIELD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WILLIAMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(SEAL)

RECORDED BY: J. Schmieding

